

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050403

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 531

Registrar's No. 3807

STATE FILE NUMBER

FILED JAN 3 1964

1. PLACE OF DEATH

a. COUNTY

ST Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

University City

Length of stay in 1b

5 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

7221 Balson

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

ST Louis

c. CITY

OR
TOWN

University City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

7221 Balson

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

MOLLIE

Middle

TOIBB

Last

4. DATE

OF
DEATH

Month

Day

Year

12-12-1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

ab. 1879

9. AGE (last birthday)

ab 84

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

USSR

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wolf Frankel

13b. MOTHER'S MAIDEN NAME

(unknown)

14. NAME OF HUSBAND OR WIFE

Jacob Toibb

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William Toibb 7221 Balson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

Interval between onset and death

5 days

DUE TO (b)

Acute Myocardial Infarction

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1445 930 to Present

and last saw her alive on 5/4/63

Death occurred at

on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Deceased or title)

22b. ADDRESS

4409 W. Olive

22c. DATE SIGNED

12/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

12-15-63

23c. NAME OF CEMETERY OR CREMATORY

Chebra Kadisha Cem.

23d. LOCATION (City, town, or county)

University City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG.

12-14-63

26. REGISTRAR'S SIGNATURE

John M. McPherson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 4006

2 4006

3 2

4 1

5 2

6

7 2

8 2

9 4200

10

11

12 90-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Frederic J. Anderson
Licensed Embalmer No. 4329

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.